

City Hall

Reset Form

**Print Form** 

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

144

| F. dentification                       |   |  | Rep               | ort Filed I       | By Candid                               | ate                  | Committee          | The state of the s |              |           | S. S. Brandella |              |
|--|---|--|-------------------|-------------------|---|----------------------|--------------------|--|--------------|-----------|-----------------|--------------|
| Number                                 | 0                                       |  |                   | rk X)             | Candia                                  | ate W                | Committee          | •  |              | Lobby     | ist             |              |
| Name of Filing Committee, Candidate or |   |  | ( total A )       |                   |   |                      |                    |  |              |           |                 |              |
| Lobbyist                               |   |  |                   | 1.10              | 1110 0                                  | 1                    |                    |  |              |           |                 |              |
| Street Address                         |   |  | 910 washing tonst |                   |   |                      |                    |  |              |           |                 |              |
|  |   |  | ,                 | 910               | Lesas                                   | hing                 | ~ 5+               |  |              |           |                 |              |
| City                                   | 1)                                      | N A  | State             |                   |   | O i Zin Codo         |                    |  |              |           |                 |              |
| city Re READING                        |   |  |                   |                   |   | WA.                  | zip code           | 156  | 0            |           |                 |              |
| Type of Report (Place                  |   |  |                   |                   |   |                      |                    |  |              |           |                 |              |
|  |   | 10 (10 to 10 |                   |                   |   |                      |                    |  |              |           |                 |              |
| 1-6 <sup>th</sup> Tuesday 2- 2         |   | The same and the s |                   |                   | 5- 2 <sup>nd</sup> Friday               |                      | t 7- Annual        | Special 2  | nd Friday    | Specia    | 1 30 D          | ay           |
| Pre-Primary Pre-                       | Primary                                 | Primary  | Pre- E            | lection           | Pre- Election                           | Election             |                    | Pre-Electi   | ion          | Post-E    |                 | 500 S        |
|  | _                                       |  | F                 |                   | 1627                                    | <del> </del>         | <del></del>        |  |              |           |                 |              |
|  |   |  |                   |                   | 🗶                                       |                      |                    |  |              | İ         |                 |              |
| Date Of Election                       |   |  | Year              | =                 |   | A                    |                    | <u> </u>   |              |           |                 |              |
| (MM/DD/YYYY)                           |   | 11 3 15  | , cai             |                   | 2015                                    | Amendment            |                    | Terminat   | ion          | Г         | $\neg$          |              |
|  |   | 111919   |                   |                   |   | Report               |                    | Report   |              |           |                 |              |
| Summary of Receipts                    | and                                     | From Date  |                   | To Date           | ·                                       |                      | Eor                | Office Use   | Only         | - College |                 |              |
| Expenditures                           |   | 71 :   |                   |                   |   | I                    | POF                | Office USE   | Only         |           |                 |              |
|  |   | 6 8 5  |                   | 16                | 16/15                                   |                      |                    |  |              |           |                 |              |
| A. Amount Brought F                    | orward Fr                               |  | \$                |                   | 1711                                    |                      |                    |  |              |           |                 |              |
| The standard L                         | Stand Lit                               | mar neport   | ۶                 |                   | 0                                       |                      |                    |  |              | r~>       |                 |              |
| B. Total Monetary Co                   | ntribution                              | s and Receipte   | \$                |                   |   |                      |                    |  |              | 2015      | m               |              |
| (From Schedule I)                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | o ana neceipts   | ۶                 | 1                 | $\bigcirc$                              |                      |                    |  |              |           | -               |              |
| C. Total Funds Availa                  | hla                                     |  |                   |                   |   |                      |                    |  |              |           | C I             | רח<br>חח     |
| (Sum of Lines A and E                  |   |  | \$                |                   | $\bigcirc$                              |                      |                    |  |              |           |                 | $\mathbb{Z}$ |
| D. Total Expenditures                  | •                                       |  |                   |                   | <u></u>                                 |                      |                    |  |              | N         | 0               | IN IT        |
| (From Schedule III)                    | 5                                       |  | \$                | 13 -              | 122.60                                  |                      |                    |  |              | co        | ALC: made       | 00           |
|  |   |  |                   | 1210              | 123.59                                  |                      |                    |  |              |           | 21.5            | 9 E          |
| E. Ending Cash Balanc                  |   |  | \$                |                   |   |                      |                    |  |              | m         | $\subseteq \Pi$ |              |
| (Subtract Line D from                  |   |  |                   |                   | $\mathcal{O}$                           |                      |                    |  |              | 3         | ething.         | e c          |
| F. Value of In-Kind Co                 | entribution                             | s Received   | \$                |                   | 299.45                                  |                      |                    |  |              | co        | RVIC            |              |
| (From Schedule II)                     |   |  |                   | -                 | 244.42                                  |                      |                    |  |              |           | 177             |              |
| G. Unpaid Debts and                    | Obligation                              | S  | \$                |                   |   |                      |                    |  |              | 23        | 00              |              |
| (From Schedule IV)                     |   |  |                   |                   | $\mathcal{O}$                           |                      |                    |  |              | ~         |                 |              |
|  |   |  | ALCOHOL: SE       | N. Committee      | Affidavit Se                            | ction                |                    |  |              |           |                 |              |
| Part 1- If this is a Commi             | ttee report,                            | treasurer sign her   | e. If th          | nis is a Can      | didate report ca                        | indidate sign here   |                    |  |              |           |                 |              |
| I swear (or affirm) that th            | his report, ir                          | cluding the attacl   | ned sc            | hedules on        | paper, is to the                        | best of my knowle    | edge and belief to | ue correct a   | nd complet   | -         |                 |              |
| Sworn to and subscribed                | before me                               | this .   |                   |                   | • | ,,                   |                    | ~ .  | na complet   | .e.       |                 | - 1          |
| 150 / 11/                              | 1/1                                     | 1 1000   | COM               | towns             |   |                      |                    | 1  |              |           |                 | 1            |
| day of UG                              | CALL                                    | ROXO!  | וופוניט           | MONA F ITI        | H OF PENMSYLVA                          | MENNSYLVANIA         |                    |  |              |           |                 | 1            |
| DR.                                    | 1 AAn                                   | in Ill   | 12 .              | NUTAR             | HAL SEAL                                | Signature            | e of Person Sudm   | itting report  | .            |           |                 | 1            |
| Signati                                | 27.17                                   | (4)  | 100               | AUTONA            | MARIA PEREZ                             | Zeba                 | MY                 | COTT   |              |           |                 |              |
| Jigilati                               | ure /                                   | 1 -  | -                 | ING CITY          | y Public<br>BERKS COUNT                 | . Collada            | Printed Nam        | e  |              |           |                 | I            |
| My Commission expires_                 | ALL                                     | u 3/18   | YES,              | Mission F         | XDITES IN 21 D                          | 017:31 7017          |                    | 84-3   | 25 1         | CLC       | ۰۰۰ مسر         |              |
| 7                                      | MO.                                     | DAY YR.  | 000 2 to 2000     | da browning water | MEDICAN DIA SI                          | Codo Haras           |                    |  |              | -         |                 | - 1          |
| ν                                      | 6                                       | /  |                   |                   |   | rea Couer            | Day                | time Telepho   | ne Numbe     | r         |                 | - 1          |
| Part II- If this is a report of        | f a Candida                             | te's Authorized Co   | ommit             | tee candi         | date shall sign he                      | oro.                 |                    |  |              |           |                 | -            |
| I swear (or affirm) that to amended.   | the best of                             | my knowledge an  | d beli            | ef this polit     | ical committee                          | as not violated a    | au mendalana af t  | h . A C l  | 2 4005/5     |           |                 |              |
| amended.                               |   | ī. ( <del></del>   |                   | <b>p</b>          |   | ids flot violated at | iy provisions or t | ne Act of June   | e 3, 1937 (F | .L. 1333, | NO.32           | 0) as        |
|  |   |  |                   |                   |   |                      |                    |  |              |           |                 | 1            |
| Sworn to and subscribed                | before me t                             | his  |                   |                   |   |                      |                    |  |              |           |                 | 1            |
| gr <b>y</b> comment.                   |   | 02000  |                   |                   |   |                      |                    |  |              |           |                 | -            |
| day of                                 |   | 20   |                   | . 1               | ()                                      |                      |                    |  |              |           |                 |              |
|  |   |  |                   | ١.                |   | Sig                  | nature of Candid   | ate  |              |           |                 |              |
| Clause                                 | IFD.                                    |  |                   | 1                 | -                                       |                      |                    |  |              | _         |                 |              |
| Signatu                                | 116                                     |  |                   | . 1               |   |                      | Printed Name       |  |              | u=1)      |                 |              |
| My Commission expires_                 |   |  |                   | PO-00             |   |                      |                    |  |              |           |                 |              |
| MO. DAY YR.                            |   |  |                   |                   | -                                       | - Carl               | -                  |  |              |           |                 |              |
|  |   | 111.   |                   |                   | Α                                       | rea Code             | Dayti              | me Telephon  | e Number     |           |                 |              |
|  |   |  |                   |                   |   |                      |                    |  |              |           |                 |              |

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

294

VALUE OF \$50.01 TO \$250

Filer Identification Number:

| Full Name of Contributor   | Date [MM/DD/YYYY] | 1 1 1  |   |
|--|-------------------|--------|---|
| Lindy Costner  | 9/23/2015         | 149.45 |   |
| House # Street Address 11 / 10                                       | Date [MM/DD/YYYY] | \$     |   |
| House # Street Address Cleve land Hve                                |                   |        |   |
| City   State   Zip Code  | Date [MM/DD/YYYY] | \$     |   |
| Wyomissing Fa 19610  |                   |        |   |
| Description of Contribution of Ann bonarys                           |                   |        |   |
| Full Name of Contributor   | Date [MM/DD/YYYY] | \$     | T Section                               |
| Full Name of Contributor  Peter Schiaroli  Senot Address             | 10/16/2015        | 150.00 |   |
| House # Street Address   | Date [MM/DD/YYYY] | \$     |   |
| 100 Street Address N. Kenhorst Blud.                                 |                   |        |   |
| City State Zip Code  | Date [MM/DD/YYYY] | \$     |   |
| 1960 -   |                   |        |   |
| Description of Contribution  3DD #feb 1045  Full Name of Contributor |                   |        |   |
| Full Name of Contributor   | Date [MM/DD/YYYY] | \$     | - 180                                   |
|  |                   | ]      |   |
| House # Street Address   | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| City State Zip Code  | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| Description of Contribution  |                   |        |   |
| Full Name of Contributor   | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| House # Street Address   | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| City State Zip Code  | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| Description of Contribution  |                   |        |   |
| Full Name of Contributor   | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| House # Street Address   | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        |   |
| City State Zip Code  | Date [MM/DD/YYYY] | \$     |   |
|  |                   |        | *************************************** |
| Description of Contribution  |                   |        |   |

# 344

#### **SCHEDULE II**

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| Filer Identification Number:   |                            |                              |
|--|----------------------------|------------------------------|
| The table of t |                            |                              |
|  |                            |                              |
|  |                            |                              |
|  |                            |                              |
| <ol> <li>UNITEMIZED IN-KIND CONTRIBUTION</li> </ol>  | S RECEIVED-VALUE OF \$50   | 0.00 OR LESS PER CONTRIBUTOR |
|  |                            |                              |
| TOTAL for the reporting period   | (1)                        | \$                           |
|  |                            |                              |
|  |                            |                              |
| 2. IN-KIND CONTRIBUTIONS RECEIVED-A  | ALUE OF \$50.01 TO \$250   | OO (FROM PART E)             |
|  |                            | oo (mont ant 1)              |
| TOTAL for the reporting period   | (2)                        | \$ 4.5 - 4.5                 |
| ,  | X-7                        | 3 294 45                     |
|  |                            |                              |
| 3. IN-KIND CONTRIBUTION RECEIVED-VA  | LILLE OVER \$250 00 (EPON  | IDART CI                     |
| or an amb continuo non necessary   | 100 OVEN \$250.00 (FNOW    | I FART G)                    |
| TOTAL for the reporting period   | (3)                        | \$                           |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | (5)                        | 7                            |
| Le   |                            |                              |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DUE   | ING THIS PEDOPTING         | \$                           |
| PERIOD (Add and enter amount totals from box   |                            |                              |
| on Page 1, Report Cover Page, Item F)  | es 1, 2, and 3, also enter |                              |
| on age s, report cover age, item?  |                            |                              |
|  |                            |                              |

#### SCHEDULE III

## **Statement of Expenditures**

| Firer Identif  | fication N   | umber:   |  |  |  |                         |   |                                       |
|--|--|--|--|--|--|-------------------------|---|---------------------------------------|
|  |  |  |  |  |  |                         |   |                                       |
|  |  |  |  |  |  |                         |   |                                       |
| To Whom  | Paid   | 11   |  |  |  | 4                       | Date [MM/DD/YYYY]   | 7                                     |
|  |  | Keyst  | on e   | Insta  | mot fi                                 | Pirting                 |   | 556,50                                |
| House #  | 220  | Street Address   | N. F.  | 0 1  | 01                                     | )                       |   | re                                    |
| City   |  |  | State  | RYK  | Zip                                    |                         | Je Har  | r.                                    |
| W  | yome   | SSIKO  | Juli   | fa   | Zip<br>Code                            | 19610                   | 8000 /20  | Hers                                  |
| To Whom  | Paid   | , 8  |  | - No. 2  |  | 2.                      |   | i i i i i i i i i i i i i i i i i i i |
| House # 220 Street Address N. Park Rd  |  |  |  |  |  | 9/21/2015               | 736.70  |                                       |
| House #  | 220  | Street Address   | M.   | P  | PI                                     | 7                       | Description of Expenditure  |                                       |
| City   |  |  | State  | TAVK   | Zip                                    | т                       | •   |                                       |
| M  |  | issing   |  | Fa   | Code                                   | 19610                   | 2000 Campa  | in Letters                            |
| To Whom/I  | Paid   | JE   | 1  |  |  |                         | Date [MM/DD/YYYY] \$  |                                       |
| House #  |  | a constant   | 5/5/9  | ins  |  |                         | 9/14/2015   | 1259.60                               |
| House #  | 700  | Street Address   | N.   | 13 1 5   | L                                      |                         | Description of Expenditure  | e                                     |
| City   | Á  | town   | State  | P  | Zip                                    | : 601019                |   |                                       |
| To Whom F  | Paid Paid  |  |  | 10   | Code                                   | 18102                   | Signi   |                                       |
| 20 371.0   | al.  | Las  | 8 / 50 gr  |  |  |                         | Date [MM/DD/YYYY] \$  | 70                                    |
| House #  |  | Street Address   | ( )) y   | 25   | - H                                    |                         | 7/13/2015   | 3520,79                               |
|  | 700  | J  | N.   | 3 th S   | <del>//</del>                          |                         | Description of Expenditure  |                                       |
| Pin  |  | All the second s |  |  |  |                         |   |                                       |
| City   | Wen  | town   | State  | Pa   | Zip<br>Code                            | 18102                   | Sien  | £3                                    |
| To Whom P  |  | 1-2  | State  | Pa   | Zip                                    | 18102                   | Sign.   |                                       |
| To Whom P  |  | 1-2  | State  | Pa   | Zip<br>Code                            | _                       | Sign.  Date [MM/DD/YYYY] \$   |                                       |
| To Whom P  | Paid   | Frei es<br>Street Address  | State  | fa<br>Flifting   | Zip<br>Code                            | _                       |   | 3000.00                               |
| To Whom P  | Paid   | FREIE  | State  | Pa   | Zip<br>Code                            | _                       | Date [MM/DD/YYYY] \$  | 3000.00                               |
| To Whom P House #  | Paid  106  CUS   | FREIE  | State  | fa<br>Flifting   | Zip<br>Code                            | cott                    | Date [MM/DD/YYYY] \$  | 3000.00                               |
| To Whom P  | Paid  106  CUS   | File; C) Street Address  | State  State  State  | fa<br>Flefar<br>grass  | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  7/14/2015  Description of Expenditure   | 3000.00                               |
| To Whom P  City  To Whom P   | Paid  106  CUS   | File; C) Street Address  | State  State  State  | fa<br>Flefar<br>grass  | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  Description of Expenditure  Loan  Date [MM/DD/YYYY] \$  | 3000.00                               |
| To Whom P  City  To Whom P   | Paid  OG  Paid  Paid  The state of the state | FREIE  | State  State  State  | fullings of the state of the st | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  7/14/2015  Description of Expenditure   | 3000.00                               |
| To Whom P  City  To Whom P   | Paid  106  CUS   | File; C) Street Address  | State  State  State  | fullings of the state of the st | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  \[ \frac{14}{2015} \]  Description of Expenditure  \[ \text{Lowner} \]  \[ \text{Date [MM/DD/YYYY] } \]  \[ \frac{5}{100} \text{Dates} \]   | 3000.00                               |
| To Whom P  House #  City  To Whom P  House #   | Paid  OG  Paid  OG  Paid  OG  Color   | File; C) Street Address  | State  No. 15  State  No. 15   fullings of the state of the st | Zip<br>Code  Sip Zip Code              | 19601                   | Date [MM/DD/YYYY] \$  \[ \frac{14}{2015} \]  Description of Expenditure  \[ \text{Lowner} \]  \[ \text{Date [MM/DD/YYYY] } \]  \[ \frac{5}{100} \text{Dates} \]   | 3000.00                               |
| To Whom P  House #  City  To Whom P  | Paid  OG  Paid  OG  Paid  OG  Color   | Street Address  FREE Street Address  | State  State  State  State   | fullings of the state of the st | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  \[ \frac{14}{2015} \]  Description of Expenditure  \[ \text{Dave} \]  \[ \text{Date [MM/DD/YYYY] } \]  \[ \text{Solution of Expenditure} \]  Description of Expenditure   | 3020.00                               |
| To Whom P  House #  City  To Whom P  City  To Whom P                                     | Paid   | Street Address  Street Address   | State  State  State  State  State  | falling  | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  \$ 10 205  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure   | 3000.00                               |
| To Whom P  City  To Whom P  City  To Whom P  House #                                     | Paid  OG  Paid   | Street Address  FREE Street Address  | State  N. 9  State  State  V. 9  | fullings of the state of the st | Zip<br>Code                            | 19601                   | Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Shopus  Description of Expenditure  | 3000.00                               |
| To Whom P  City  To Whom P  City  To Whom P  House #                                     | Paid   | Street Address  Street Address   | State  State  State  State  State  | fallings of the state of the st | Zip Code  Zip Code  Zip Code           | 19601<br>19601<br>19601 | Date [MM/DD/YYYY] \$    Description of Expenditure  | 3020,00                               |
| To Whom P  House #  City  To Whom P  City  To Whom P                                     | Paid  Ob  Paid  Ob  Paid  Ob  Ac   | Street Address  Street Address   | State  N. 9  State  State  V. 9  | falling  | Zip Code  Zip Code  Zip Code           | 19601                   | Date [MM/DD/YYYY] \$  7/14/20/5  Description of Expenditure  Date [MM/DD/YYYY] \$  \$/10/20/5  Description of Expenditure  Date [MM/DD/YYYY] \$  Lipulary    Lipulary | 3020,00                               |
| To Whom P  House #  City  To Whom P  City  To Whom P  City  City  City                   | Paid  Ob  Paid  Ob  Paid  Ob  Ac   | Street Address  Street Address   | State  N. 9  State  State  V. 9  | fallings of the state of the st | Zip Code  Zip Code  Zip Code           | 19601<br>19601<br>19601 | Date [MM/DD/YYYY] \$    Description of Expenditure  | 3020.00                               |
| To Whom P  House #  City  To Whom P  City  To Whom P  City  City  City                   | Paid  OG  OG  Paid  OG  Paid  OG  OG | Street Address  Street Address   | State  N. 9  State  State  V. 9  | fallings of the state of the st | Zip Code  Zip Code  Zip Code           | 19601<br>19601<br>19601 | Date [MM/DD/YYYY] \$  7/14/20/5  Description of Expenditure  Date [MM/DD/YYYY] \$  \$/10/20/5  Description of Expenditure  Date [MM/DD/YYYY] \$  Lipulary    Lipulary | 3000.00                               |
| To Whom P  House #  City  To Whom P  House #  City  To Whom P  House #  House #  House # | Paid  OG  OG  Paid  OG  Paid  OG  OG | Street Address  Street Address  Street Address   | State  State  State  State  State  State  State  | fallings of the state of the st | Zip Code  Zip Code  Zip Code  Zip Code | 19601<br>19601<br>19601 | Date [MM/DD/YYYY] \$    Description of Expenditure  | 3000.00                               |
| To Whom P  House #  City  To Whom P  City  To Whom P  City  To Whom P  City  To Whom P   | Paid  OG  OG  Paid  OG  Paid  OG  OG | Street Address  Street Address  Street Address   | State  N. 9  State  State  V. 9  | fallings of the state of the st | Zip Code  Zip Code  Zip Code           | 19601<br>19601<br>19601 | Date [MM/DD/YYYY] \$    Description of Expenditure  | 3000.00                               |